

(05/03)

Request for Continued Examination Transmittal Letter

Application No. 09/788,365

Attorney's Docket No. 015290-517

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CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims	19	MINUS 20 =	0	× \$18.00 (1202) =	
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =	
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					750.00
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					750.00

4. ☐ A check in the amount of \$ _____ is enclosed for the fee due.
5. ☒ Charge \$ 750.00 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: May 1, 2003By: 

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